

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/478 188	FILING DATE 01-05-00	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51	/	
2							52	/	
3							53	/	
4	/						54	/	
5							55	/	
6							56	/	
7							57	/	
8							58	/	
9							59	/	
10	/						60	/	
11							61	/	
12							62	/	
13							63	/	
14							64	/	
15	/						65	/	
16							66	/	
17							67	/	
18							68	/	
19							69	/	
20							70	/	
21							71	/	
22							72	/	
23							73	/	
24	/		/				74	/	
25							75	/	
26							76	/	
27							77	/	
28							78	/	
29							79	/	
30							80	/	
31							81	/	
32							82	/	
33							83	/	
34							84	/	
35							85	/	
36							86	/	
37							87	/	
38							88	/	
39							89	/	
40							90	/	
41							91	/	
42							92	/	
43							93	/	
44							94	/	
45							95	/	
46							96	/	
47							97	/	
48							98	/	
49							99	/	
50							100	/	
TOTAL IND.	11		1				TOTAL IND.		
TOTAL DEP.	92		17				TOTAL DEP.		
TOTAL CLAIMS	103		18				TOTAL CLAIMS		